



Alexandria Department of Recreation, Parks and Cultural Activities
1108 Jefferson Street
Alexandria, Virginia 22314
(703) 838-4345

VOLUNTEER IN YOUTH SPORTS
Background Screening Consent and Release Form

Applicant's Name (printed):

Last First Maiden Name Middle Initial

Applicant's Current Address: _____ City: _____ State: _____ Zip: _____

Place of Birth: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female
County or City and State and Country

Social Security Number: _____

I, _____, authorize and give consent for the Alexandria Department of Recreation,
Name of the Applicant

Parks and Cultural Activities to obtain information regarding myself. This includes the following:

- Multi-state criminal background records and information
- Multi-state Sex Offenders' Registries
- Personal references

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or record in accordance with this authorization is released from any and all claims of liability for compliance. I understand that such information will be held in confidence in accordance with the Alexandria Department of Recreation, Parks and Cultural Activities guidelines.

Print Name: _____ Date: _____

Signature: _____